

Science And Man

Sickness of the Mind

By Joshua Lederberg

RECENT work on the experimental psychology of laboratory animals has focused renewed attention on the mutual relationship of bodily states and emotional disturbances as a central factor in mental health. The medical profession and the interested public has, by now, become reasonably

perceptive about psychosomatic disease: the extent to which emotional unbalance can distort bodily functions and eventually produce such gross pathology as a bleeding ulcer.



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We are now at the point of rediscovering some common-sense truths about the self-perception of disturbance in body functions and its impact on emotional stability. Muscular tension, palpitations, high heart rate and blood pressure, clammy perspiration,

intestinal cramp or flabbiness and sleeplessness are examples of such disturbances with which we are all familiar, and we know we do not experience them without immediate threat to mood. The same symptoms are also the most typical consequences of emotional upset, and it is easy to see how a vicious cycle can be started, like the man who stays up nights worrying about his insomnia and about the impact of his lack of sleep on his daily life.

These demons are reinforced by the psychological fact that information received during emotional stress is hard to evaluate correctly, tends to be fixed more readily in memory and becomes a further cue for generating more tension.

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BEHAVIORAL therapy is a new school of psychotherapy. According to its acknowledged leader, Professor Joseph Wolpe of Temple University Medical School in Philadelphia, "neuroses are persistent learned unadaptive habits. These habits are acquired under conditions of anxiety arousal . . . the anxiety can be reversed only through applying the learning process so as to involve this primitive level."

Dr. Wolpe therefore treats his patients by desensitizing them to the cues that elicit their anxiety. He believes that primitive anxiety is incompatible with muscular relaxation, voiced assertion of grievances and gratification of drives like sex and hunger, and he therefore uses all of these techniques to make his patients more receptive to learning to cope with small, ever-increasing doses of anxiety-provoking thoughts and situations. He rather pointedly sidesteps the elaborate controversies of Freudian psychoanalysis and the other warring camps of psychodynamic theories.

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BEHAVIORAL therapy has been attracting growing attention — and criticism — from psychiatrists, especially for its claim for objective statistical evidence of its effectiveness.

Happily, psychiatrists are far less deeply divided in the ways they actually deal with their patients than in the theories they support. An article in the American Journal of Psychiatry by Dr. Barry M. Brown, recently a resident in psychiatry at Temple, characterizes Dr. Wolpe and his techniques in some detail and in the most praiseworthy terms — above all for his warmth and respect for and insight into his patient's problem. This is as embarrassing as it is irrefutable, for it becomes impossible to judge the efficacy of behavioral therapy as a system apart from the therapeutic personality of the psychiatrist. On the other side of the fence, the psychoanalyst's couch is an excellent place to relax.

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IT IS obviously impossible to do controlled double-blind experiments on methods of psychotherapy, and we may always have to stay in the position of exploiting the expectations of both doctor and patient as part of healing.

We may not be able to go much further in evaluating different systems than by critical common sense, and by incorporating what little we can glean from hard science that relates to human depth psychology.

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